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Telephone:

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Examiner Sumesh Kaushal, Ph.D. USPTO – Group Art Unit: 1633

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December 13, 2000

703 FAX RÉCEIVED

From:

Stephen E. Reiter 5%

Client-Matter Number:

62574-991522 **2000**

GROUP 1600

Re:

United States Patent Application No.: 09/042,488

Entitled: METHOD FOR MO

METHOD FOR MODULATING EXPRESSION OF EXOGENOUS GENES IN MAMMALIAN SYSTEMS, AND PRODUCTS RELATED

THERETO

Filed: March 16, 1998 Inventors: Evans et al.

Our Docket No.: SALK1520-2

Pages: - 29 - (including this form)

Originals: □ will be mailed ⋈ will not be mailed

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Gray Cary\GT\6215621.1 62574-991522

Patent

Attorney Docket No.: SALK1520-2

RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 1633

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Evans et al.

Art Unit:

1633

Application No.:

09/042,488

Examiner:

S. Kaushal

Filed:

March 16, 1998

Title:

METHOD FOR MODULATING EXPRESSION OF EXOGENOUS GENES IN

MAMMALIAN SYSTEMS, AND PRODUCTS RELATED THERETO

Certification of Facsimile Transmission

I hereby certify under 37 CFR 1.10 that this correspondence is being transmitted via facsimile on $\bf D$ ecember 13, 2000 and is addressed to the Commissioner for Patents,

Washington, D.C. 20231.

12/13/00

BOX AF

Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find Response to Office Action mailed October 12, 2000, including Exhibit A and Reference as enclosures.

In re Application of:

Evans et al.

Application No.: 09/042,488 Filed: March 16, 1998

Page 2

PATENT

Attorney Docket No.: SALK1520-2

The Fee for this Response is calculated as follows:

| For | Claims Remaining After Amendment | Highest Number Previously Paid For | Extra Claims | Large Entity Rate | Small Entity Rate | Calculations |
|---------------------------------|-------------------------------------|---------------------------------------|-----------------|----------------------|-------------------|--------------|
| Total Claims | 42 | 46 | 0 | x \$18 | x \$09 | \$.00 |
| Independent Claims | 6 | 7 | . 0 | x \$80 | x \$40 | \$.00 |
| Multiple Dependent Claims | | | | \$260 | \$130 | \$.00 |
| Basic Filing Fee | | . 1 | | \$710 | \$355 | \$.00 |
| | | | | | TOTAL FEE | \$.00 |

No fee is deemed necessary in connection with the filing of this paper. However, if any fee is required, the Commissioner is hereby authorized to charge the amount of this fee, or credit any overpayments, to Deposit Account No. <u>07-1895</u>. A copy of this Transmittal Sheet is enclosed.

Respectfully submitted,

Date: _____12/13/00

Stephen E. Reiter

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Gray Cary\GT\6215631.1 62574-991522

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